

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

097445033

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•	•	•
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
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2		1								
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50		0								
TOTAL IND.	2									
TOTAL DEP.	34									
TOTAL CLAIMS	36									
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